

**NON-DES USERS** working at a DES facility using DES hardware and software with access comparable to a DES user accessing data from or inputting data into a DES system. Each user will read and sign Page 1 and Page 2, and the user's supervisor will also sign page 2, and the forms will be submitted with the J125 "Request for Access". The user will read the referenced security documents that are available in the QVADS system.. The signed documents shall be forwarded to the Division's Contract Management Section at the following address: Contract Management Section, Business Operations – Site Code 791A, Division of Developmental Disabilities, Arizona Department of Economic Security, P.O. Box 6123, Phoenix, Arizona 85005.

**I understand that all personnel who have access to the Arizona Department of Economic Security (DES) data are bound by applicable federal and state laws and DES policies and are responsible for DES data. I agree to abide by all applicable federal and state laws and DES policies. I pledge to refrain from any and all of the following:**

1. Revealing DES data to any person or persons outside or within the Department of Economic Security who have not been specifically authorized to receive such data,
2. Attempting or achieving access to DES data not related to my job duties,
3. Entering, altering or erasing DES data for direct OR indirect personal gain or advantage,
4. Entering, altering or erasing DES data maliciously or in retribution for real or imagined abuse for personal amusement or any other unauthorized or improper use,
5. Using DES terminals, printers and other equipment for other than work related or DES approved acceptable uses,
6. Using another person's personal DES logon ids, user ids or passwords,
7. Revealing my personal DES logon ids, user ids or passwords to another person,
8. Asking another user to reveal his/her personal DES logon id, user id or password.

**In relation to my responsibilities regarding the proprietary rights of the authors of computer software utilized or provided by DES, I recognize that:**

1. DES licenses the use of computer software and does not own this software or its related documentation and, unless authorized by the software developer, does not have the right to reproduce it.
2. I must use software in accordance with the license agreement. Anyone making, acquiring, or using unauthorized copies of software will be subject to penalties imposed by copyright law. According to U.S. Copyright Law, 17 USC Sections 101 and 506, illegal reproduction of software can be subject to criminal damages up to \$250,000 and/or up to five (5) years imprisonment.
3. I must report knowledge of any misuse of software or related documentation protected under copyright laws to my manager/supervisor, the Division or Program Security Analyst, or the Data Security Administration.

Reference Material: A booklet that contains a summary of the Computer Security Act of 1987, a summary of the HIPAA Privacy Rule, a summary of applicable DES Policies, and the complete ARS 41-1959 Confidential Information, and ARS 13-2316 Computer Tampering. This Booklet is available on the Division's QVADS system. This booklet will also be distributed with all approved Data Sharing Agreements, Amendments and Renewals.

**Continue Affirmation on Page 2**

PAGE 1 SIGNATURE:

EMPLOYEE'S LEGAL NAME (Print or typed)	PHONE NO. ( )	SITE
EMPLOYEE'S SIGNATURE		DATE

Routing: Original – Division's Contract Management Section Copy – User & Supervisor

## **AFFIRM THAT WHICH APPLIES**

### **INTERNET USE AFFIRMATION (Internet Use Policy # 1-38-0015.)**

I, \_\_\_\_\_, have read and understand the DES Internet Use Policy (# 1-38-0015) or summary and I agree to comply with all terms and conditions of this policy. I understand and agree that all network and information systems' activity, conducted with state/agency resources, is the property of DES and the State of Arizona. I understand that DES reserves the right to monitor and log all network activity, including internet use, with or without notice. I have no expectation of privacy in the use of these resources.

### **ELECTRONIC MAIL AFFIRMATION (E-Mail Usage Policy # 1-38-0035)**

I, \_\_\_\_\_, have read and understand the DES E-Mail Usage Policy (# 1-38-0035) or summary and I agree to comply with all terms and conditions of this policy. I understand and agree that all network and information systems' activity, conducted with state/agency resources, is the property of DES and the State of Arizona. I understand that DES reserves the right to monitor and log all network activity, including electronic mail, with or without notice. I have no expectation of privacy in the use of these resources.

### **ACCEPTABLE USE AFFIRMATION (Acceptable Use Policy # 1-38-0029)**

I, \_\_\_\_\_, have read and understand the DES Information Technology (IT) and Office Equipment and Resources Acceptable Use Policy (# 1-38-0029) or summary and I agree to comply with all terms and conditions. I agree to follow acceptable use guidelines and refrain from all unacceptable uses.

### **ARS 38-448 (Access Pornography Prohibited) AFFIRMATION (ARIZONA STATE EMPLOYEES)**

I, \_\_\_\_\_, have read and understand the ARS 38-448 and agree to comply with all terms and conditions. I agree not to utilize Agency computer equipment to access internet pornography as defined.

### **HIPAA (Health Insurance Portability & Accountability Act) AFFIRMATION**

I, \_\_\_\_\_, shall safeguard the privacy of protected health care information belonging to persons served by a DES HIPAA covered component. I understand that protected health information is defined in federal law at 45 C.F.R. Part 164 and includes past, present and future client health care information which is individually identifiable and that is transmitted or maintained in any form or medium.

I shall use or disclose such protected health information only as permitted by any contract(s) I or my employer has with DES which involves the use or disclosure of protected health information, as well as with any relevant DES policy and/or procedure or comparable policy and/or procedure of my employer.

These protections are in addition to any existing under ARS 41-1959 or other relevant Arizona law, unless the Arizona law affords more protection to the protected health information in general, or more access to the protected health information by the client.

I understand that DES will take appropriate action to ensure that applicable federal and state laws and DES policies governing confidentiality and security are enforced. A violation of these requirements or misuse of DES property including computer programs, equipment, and data, may result in withdrawal of individual or organizational access privileges and prosecution in accordance with any applicable provision of law including ARS 13-2316.

My signature below confirms that I have read this User Affirmation Statement and accept responsibility for adhering to all applicable laws and DES policies and the above listed affirmations.

#### **SIGNATURE:**

EMPLOYEE'S LEGAL NAME (Print or typed)	PHONE NO. (   )	SITE
EMPLOYEE'S SIGNATURE		DATE
WITNESSED BY:		
SUPERVISOR'S LEGAL NAME (Print or type)	PHONE NO. (   )	SITE
SUPERVISOR'S SIGNATURE		DATE
ORGANIZATION (NON-DES entity name)		

Routing: Original – Division's Contract Management Section   Copy – User & Supervisor

Equal Opportunity Employer/Program

This document is available in alternative formats by contacting 602-254-2779